

Appendix C. Possible Sources of Registration Information

Description						PASS	
Business name (legal name)							
Applicant's name (if applicable; could be a component within a business)							
Applicant's additional name information (if applicable)							
Business address (number, street, city, state, and zip code)							
Applicant's trading partner identification number							
Type of application (initial, change, renewal)							
Date of application							
Applicant's taxpayer identifying number (TIN) (employer's identification number or social security number)							
Data Universal Numbering System (DUNS) number (if known)							
Commercial and Government Entity (CAGE) code (if known)							
Contractor Establishment Code (CEC) (if known)							
SBA PASS number (if known)							
Name, address, identification number, telephone number of Federal agency to which form is submitted							
Mailing address (number, street, city, state, and zip code) (if different from business address)							
Name of county							
Telephone number (area code and number)							
Fax number (area code and number)							
Executor, trustee, care of name							
Labor surplus area (yes or no)							
Parent company name							
Parent TIN							
Parent company address (number, street, city, state, and zip code)							
Parent company average gross revenue							
Parent company average number of employees							
Affiliate name							
Affiliate TIN							
Affiliate address (number, street, city, state, and zip code)							
Affiliate average gross revenue							
Affiliate average number of employees							
Geographic locations where the company wants to do business							
Reference number							
Currency for payment (U.S. dollars, British pounds, Japanese yen, etc.)							
Tax reference							
Administrative contact (person)							
Contact's title							
Name and title of vendor's representative(s) authorized to sign offers and contracts and telephone number							
Name of officers, owners, or partners							
Accounting closing period (fiscal/accounting year)							
First date wages or annuities were paid or will be paid							
Annual sales (accounting year)							
Description						PASS	

Number of employees (accounting year)							
Net worth (date and amount)							
Type of organization (individual, partnership, S-corporation, corporation, nonprofit organization, state/local government, educational institution)							
Where incorporated (foreign country or state name)							
Reason for applying							
Principal business (list all applicable SIC codes, NSN, and FSC)							
Identify other equipment, supplies, or services company desires to offer government not listed in SIC, NSN or FSC							
Type of business (manufacturing/supplies, research and development, construction, services, etc.)							
If dealer, dealer type (1 or 2)							
If principal business is manufacturing, state principal product and raw material used							
To whom are most of the products or service sold? Wholesale, retail or other.							
Business ownership (if applicable) (U.S. citizen, women-owned, minority-owned, veteran, etc.)							
If minority owned, is it 8(a) certified firm (yes or no)							
Business size (large, small, emerging)							
Floor space (manufacturing and warehouse)							
Narrative on capabilities section (type of product, disaster response, etc.)							
Special manufacturing equipment/materials not listed in lines 46 and 47)							
Metric capability							
Accepts VISA credit card							
Export activity							
Manufacturing quality assurance (e.g., MIL-1-45208, MIL-Q 9858)							
Performance history (contract references)							
Date business started or acquired							
Trade union date							
Vendor's preferred method of payment (EFT, credit card, check)							
If EFT, vendor's ACH preference (CCD+ or CTX)							
If checks are preferred, remittance address (number, street, city, state, and zip code)							
Name of financial institution (bank) where payment to be sent (could be multiple)							
Financial institution address (number, street, city, state, and zip code)							
Financial institution telephone number and contact person's name							
American Bank Association number/ nine-digit routing transit number							
Vendor's bank account title and number (could be multiple)							
Type of account (checking, savings, lock box)							
Lock box number (if applicable)							
Automated clearing house coordinator name and telephone number							
Does the bank currently provide EFT remittance information							
If the bank is not capable of passing on remittance information, provide name and mail box address of service provider if other than Vendor or VAN							
VAN's name							
Applicant's mailbox address at the VAN							
Certification of application information							
Description						PASS	

Name and signature of company officer, title, and date							
Supplier performance rating							
Facility security clearance (secret, top secret; OPM, DoD, or DOE)							